

2005 Schedule C Pharmaceutical Benefits

Attach to the claimant's Form IL-1363.

You **must** complete Schedule C if you, or your spouse, are Medicare-eligible and want help paying for your prescription drugs.

Note In order to be eligible for Illinois Cares Rx, you must also apply for "extra help" available under Medicare Part D.

Step 1: Tell us about yourself (claimant). Please print.

1 Social Security number

2 Name
First MI Last

Step 2: Tell us about your spouse (husband or wife). Please print.

3 Spouse's Social Security number

4 Spouse's Name
First MI Last

Step 3: Complete the following information about you and your spouse (if married and living together).

5 Other than your home and the property on which it is located, do you own any real estate? Yes ☐ No ☐

6 a Do you own life insurance policies with a total face value **greater** than \$1,500? If you answered "No" for both you and your spouse, go to Line 7.

You: Yes ☐ No ☐

Spouse (If living together): Yes ☐ No ☐

b If the answer for either you or your spouse on Line 6a is "Yes," how much money would you get if you turned in your insurance policies for cash right now? Enter the amount....

Note This is **not** the face value of your policies. You may need to call your insurance company to help answer this question.

7 Do you plan to use any of your savings or resources to pay for funeral and burial expenses for yourself or your spouse?

You: Yes ☐ No ☐

Spouse (If living together): Yes ☐ No ☐

8 Tell us how many relatives who live with you depend on you or your spouse for at least one-half of their financial support. Do **not** count yourself or your spouse in this number.

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 or more

9 During the last two years, has your income from Social Security, Railroad Retirement or Veterans Administration benefits, other pensions and annuities, or other income decreased?

You: Yes ☐ No ☐

Spouse (If living together): Yes ☐ No ☐

- 10 a** Does anyone provide or help you or your spouse pay for your food, mortgage, rent, heat, gas, electricity, water or property taxes? Do **not** count food stamps, house repairs, help from a housing agency, an energy assistance program, Meals on Wheels, or help with medical treatment and drugs. Yes ☐ No ☐
- b** If you checked "Yes," on Line 10a, tell us how much help you get each **month**. If this amount is not the same each month, tell us the average monthly amount for the past year. Enter the amount.....
- 11** What do you expect to earn in wages before taxes **in 2006**? If you do not expect to earn any wages in 2006, place zeroes in the space provided.
- You
- Spouse (If living together)
- 12** If self-employed, what do you expect your net earnings or loss to be **in 2006**? If you do not expect to have any net earnings or loss in 2006, place zeroes in the space provided.
- You
- Spouse (If living together)
- 13** Have the amounts you included in Lines 11 or 12 decreased in the last two years? Yes ☐ No ☐
- 14** If you recently stopped working or plan to stop working, enter the month and year.
- You / / Spouse (If living together) / /
- 15 a** Do you receive Social Security benefits based on a disability? Yes ☐ No ☐
- b** Do you receive Social Security benefits because you are blind? Yes ☐ No ☐
- c** If you marked "Yes" to either question on Lines 15a or 15b and you have to pay for things like special transportation, personal attendant services or adaptive equipment so you can work, write how much you pay for these things each **month**.
- 16 a** Does your spouse (if married and living together) receive Social Security benefits based on a disability? Yes ☐ No ☐
- b** Does your spouse (if married and living together) receive Social Security benefits because he or she is blind? Yes ☐ No ☐
- c** If your spouse (if married and living together) marked "Yes" to either question on Lines 16a or 16b and your spouse has to pay for things like special transportation, personal attendant services or adaptive equipment so your spouse can work, write how much your spouse pays for these things each **month**.

Step 4: Sign below.

Under penalties of perjury, I state that I have examined this form and, to the best of my knowledge, it is true, correct, and complete. I give the state of Illinois and the Social Security Administration permission to get records from anyone concerning information on this form. As permitted by law, and subject to resource availability, I authorize the state of Illinois to apply on my behalf for any federal drug benefits I may be eligible to receive under the Medicare program.

17 ☒ _____ / ____ / ____
Claimant's signature Date

19 _____ (_____) _____
Preparer's name (Please print or type.) Phone number

18 ☒ _____ / ____ / ____
Spouse's signature (If living together) Date

Line-by-line instructions for Schedule C

Complete this Schedule if you or your spouse are Medicare-eligible **and** want help paying for drugs through the Illinois Cares Rx program.

If you are single and your assets (the total amount on Line 38d of Form IL-1363) are \$11,500 or less, you must complete Schedule C. If your assets are greater than \$11,500, you do not need to complete Schedule C.

If you are married and living with your spouse and your assets (the total amount on Line 38d of Form IL-1363) are \$23,000 or less, you must complete Schedule C. If your assets are greater than \$23,000, you do not need to complete Schedule C.

Note You must apply for “extra help” if you are eligible for Medicare (Part A and/or Part B) in order to qualify for Illinois Cares Rx. It is important that you complete your “extra help” application and send it in for a decision even if you do not think you will be eligible.

Step 1: Tell us about yourself (claimant).

1 Social Security number

Write your Social Security number (same as Line 1 on Form IL-1363).

2 Name

Print your first name, middle initial, and last name.

Step 2: Tell us about your spouse (husband or wife).

Complete Step 2 only if you checked Marital status 2, “Married and living together”, on Line 7 of Form IL-1363. Otherwise, if you do not have a spouse, if your spouse is deceased, or if you are not living in the same household with your spouse, go to Step 3.

3 Spouse’s Social Security number

Write your spouse’s (husband’s or wife’s) Social Security number (same as Line 9 on Form IL-1363).

4 Spouse’s name

Print your spouse’s first name, middle initial, and last name.

Step 3: Complete the following information about you and your spouse (if married and living together)

- 5 Mark “yes” if you own real estate other than your home and the property on which your home is located. Mark “no” if you do **not** own any other real estate.

- 6a Mark “yes” if you own life insurance policies with a total face value greater than \$1,500. (You may need to call your insurance company to help answer this question). Mark “no” if you do **not** own life insurance policies with a total face value greater than \$1,500, and go to Line 7.

- 6b Write the amount of money you would get if you turned in your insurance policies for cash right now. Cash value is different than the face value. (You may need to call your insurance company to help answer this question).

- 7 If you plan to use all or part of your savings or other resources to pay for your funeral and burial expenses, mark “yes”; otherwise, mark “no”. If you plan to use all or part of your savings or other resources to pay for your spouse’s funeral and burial expenses, mark “yes”; otherwise, mark “no”.

- 8 Mark the box to show the number of relatives who live with you, and for whom you or your spouse provide at least one-half of their financial support. Mark “0” if you have no relatives living with you, or if you do **not** provide at least one-half of their financial support.

- 9 Mark “yes” if you have experienced a decrease in your Social Security, Railroad Retirement or Veterans Administration benefits, other pensions and annuities, or other income during the last two years. Mark “no” if no decrease.

Mark “yes” if your spouse has experienced a decrease in his or her Social Security, Railroad Retirement or Veterans Administration benefits, other pensions and annuities, or other income during the last two years. Mark “no” if no decrease.

- 10a Mark “yes”, if anyone provides or helps you or your spouse pay for your food, mortgage, rent, heat, gas, electricity, water or property taxes.

Note Do **not** count food stamps, house repairs, help from a housing agency (Section 8), an energy assistance program, Meal on Wheels, or help with medical treatments and drugs.

Mark “no”, if no one provides or helps you or your spouse pay for your food, mortgage, rent, heat, gas, electricity, water or property taxes. If you mark “no”, go to Line 11.

Line-by-line instructions for Schedule C

10b If you marked “yes” on Line 10a, enter the amount of help you get each month. If this amount is not the same each month, tell us the average monthly amount for the past year.

11 Enter the amount you expect to earn in wages, before taxes, in 2006. If you do not expect to have any wages in 2006, place zeros in the space provided.

Enter the amount your spouse expects to earn in wages, before taxes, in 2006. If your spouse does not expect to have any wages in 2006, place zeros in the space provided.

12 Enter the amount of your expected earnings or losses from self-employment in 2006. If you are not self-employed or do not expect to have any earnings or losses from self-employment, enter zeros in the space provided.

Enter the amount of your spouse’s expected earnings or losses from self-employment in 2006. If your spouse is not self-employed or does not expect to have any earnings or losses from self-employment, enter zeros in the space provided.

13 Mark “yes”, if the amount you reported on Lines 11 or 12 have decreased in the last two years.

Mark “no”, if the amount you reported on Lines 11 or 12 have **not** decreased in the last two years.

14 Enter the month and year that you recently stopped working (or you plan to stop working).

Enter the month and year that your spouse recently stopped working (or your spouse plans to stop working).

15a Mark “yes” if you receive Social Security benefits based on a disability.

Mark “no” if you do **not** receive Social Security benefits based on a disability.

15b Mark “yes” if you receive Social Security benefits because you are blind.

Mark “no” if you do **not** receive Social Security benefits because you are blind.

15c If you marked “yes” on Line 15a **or** 15b and you have to pay for things like special transportation, personal attendant services or adaptive equipment so you can work, write how much you pay for these things each month. If this amount is not the same each month, tell us the average monthly amount for the past year. If you marked “no” on Lines 15a **and** 15b, go to Line 16a.

16a Mark “yes” if your spouse receives Social Security benefits based on a disability.

Mark “no” if your spouse does **not** receive Social Security benefits based on a disability.

16b Mark “yes” if your spouse receives Social Security benefits because he or she is blind.

Mark “no” if your spouse does **not** receive Social Security benefits because he or she is blind.

16c If your spouse marked “yes” on Line 16a **or** 16b and your spouse has to pay for things like special transportation, personal attendant services or adaptive equipment so he or she can work, write how much your spouse pays for these things each month. If this amount is not the same each month, tell us the average monthly amount for the past year. If your spouse marked “no” on Lines 16a **and** 16b, go to Step 4.

Step 4: Sign below.

17 Claimant’s signature

You, the claimant (the person named on Line 2), must sign this schedule.

18 Spouse’s signature

Your spouse (the person named on Line 4) must sign this schedule.

19 Preparer’s name

If someone other than you or your spouse, such as a son, daughter, or legal representative, prepares this schedule for you, that person should print or type his or her name and telephone number on Line 19.

What if I need additional information?

If you need additional information, visit our Web site at www.cbrx.il.gov, or call us at **1-800-624-2459** or our TTY at **1-800-544-5304**. To find a local agency serving seniors, call the Senior HelpLine at **1-800-252-8966** (Voice and TTY).